TRANSMITTAL FORM (to be used for all correspondence after initial filli	Persons are required to respond to a collection of Application Number 10  Filling Date Jac First Named Inventor M  Art Unit 26  Examiner Name So	Approved for use through 08/30/2003. OMB 0651-0031 and Trademark Office; U.S. DEPARTMENT OF COMMERCE of information unless it displays a valid OMB control number.  0/056,155 anuary 24, 2002 ladni et al.  685  SEP 0 1 200  Technology Cente
Personne to Missing Parts/	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Remarks  The Commissioner is hereby authorequired (including the fee for any ecoverpayment, to Deposit Acct. No.:	After Allowance communication to Technology Center (TC)  Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below):  Return Postcard  rized to charge any additional fees extension of time), or to credit any
Firm or Individual name Dayton, Ohio 45402-1758  Signature Date S/2 4/b9  CEF  I hereby certify that this correspondence is bein	RTIFICATE OF TRANSMISSION/M	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Steven J. Elleman, Reg. No. 41,733

Signature

PTO/SB/17 (10-03) Approved for use through 07/31/2006. OMB 0651-0032							MB 0651-0032		
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Parenwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									
			Complete if Known						
fee transmittal			Application Number		10/056,155				
for FY 2004			Filing Date		January 24, 2002				
			First Named Inventor		Madni et al.	SFP (	1 2004		
Effective 10/01/2003. Patent fees are subject to annual revision.			Examiner Name		Sonny Trinh				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit			2685 Tec	hnologi	y Center 26	
TOTAL AMOUNT OF PAYMENT	(\$) 110.00			ney Dod	cket N	lo.	534334-024	niitoro 5	
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The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Credit any overpayments		1053		1053			English specification		
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1001 770 2001 385 Utility filing fee	<u></u>	1255	2,010	2255	1,005	Exte	ension for reply within fifth mo	onth	<b>  </b>
1002 340 2002 170 Design filing fee	•	1401	330	2401	165	Notic	ice of Appeal		<b></b>
1003 530 2003 265 Plant filing fee		1402	330	2402	165	Filing	g a brief in support of an app	eal	<b>  </b>
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Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) Large Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt Fee Description 40 Recording each patent assignment per Code (\$) Code (\$) 8021 40 8021 property (times number of properties) Claims in excess of 20 1202 18 2202 385 Filing a submission after final rejection (37 CFR 1.129(a)) 2809 1809 770 Independent claims in excess of 3 1201 86 2201 Multiple dependent claim, if not paid 1203 290 2203 385 For each additional invention to be 145 1810 770 2810 examined (37 CFR 1.129(b)) \*\* Reissue independent claims 1204 86 2204 over original patent 1801 770 2801 385 Request for Continued Examination (RCE) 1205 \*\* Reissue claims in excess of 20 1802 900 1802 900 Request for expedited examination 2205 18 and over original patent of a design application Other fee (specify)  $(\$)^{0}$ SUBTOTAL (2)

**or number previ	iously paid, if greater; For Reissues, see al	pove Reduced by Basic Filling Fee Paid	SUBTOTAL (3) [(\$) 110.00
SUBMITTED BY			(Complete (if applicable))
Name (Print/Type)	Steven J. Elleman	Registration No. (Attorney/Agent) 41,733	Telephone 937.443.6838
Signature	SUE		Date 8/24/04

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